

MIKE CHANEY
Commissioner of Insurance



501 N. West St.
1001 Woolfolk State Office Building
Jackson, MS 39201
P.O. Box 79
Jackson, MS 39205

STATE OF MISSISSIPPI
Mississippi Insurance Department
www.mid.state.ms.us

**DUPLICATE LICENSE/LETTER OF CERTIFICATION & CLEARANCE
CHANGE OF ADDRESS OR TELEPHONE NUMBER REQUEST**

Duplicate License Fee: \$25.00 for individuals and \$50.00 for entities

Letter of Certification or Letter of Clearance Fee: \$20.00

Change of Address and Telephone Number: No Charge

Name of licensee (please print) _____

I am requesting _____ duplicate(s) of license # _____

I am requesting _____ Letter(s) of Certification of license # _____
(MS resident producers/agents applying for a non-resident license in another state.)

I am requesting _____ Letter(s) of Clearance for license # _____
(MS resident producers/agents moving to another state and canceling resident license.)

Please make the following address change(s) to license # _____

(Note: For duplicate licenses with new address, submit a \$25.00 fee for individuals and \$50.00 fee for entities)

Mailing address:

(Old)

(New/current)

Resident address: (Old)

(New/current)

Business address: (Old)

(New/current)

Telephone Number – (Old) _____ (New) _____

Email Address– (Old) _____ (New) _____

Print name of requestor _____

Date _____ Signature of requestor _____

* The requested documents will be mailed to the mailing address of the licensee, unless otherwise requested.

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